



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1301

DATE: October 21, 2013

TO: Iowa Medicaid Physicians, Advanced Registered Nurse Practitioners, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHC)

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Asthma Quality Improvement Program

EFFECTIVE: October 28, 2013

The IME is conducting a Quality Improvement Program (QIP) for Improving the Adult Asthma Admission Rate **This QIP is scheduled to begin on October 28, 2013.** This is based on the Medicaid Adult Quality Measures. The link for the list of Measures is located at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/AdultCoreMeasures.pdf>.

The primary goal of this program is to reduce the adult asthma hospital admission rate by 10 percent by December 20, 2014. In an effort to help meet this goal, the IME will notify providers **monthly** when one or more of their Medicaid enrolled adult patients have been identified as high-risk for an asthma-related hospital admission and/or emergency department (ED) visit. The report will include only the adult members assigned to you as their primary care provider. Claims data will be used to identify these high-risk patients. The IME hopes this information will guide your efforts in reaching out to patients who may be in need of support managing their asthma.

The target population will be adult Iowa Medicaid members who:

1. Have been identified as over reliant on their asthma rescue medication. Over reliance is defined as filling three or more prescriptions in a 60-day timeframe.
2. Have been identified as non-adherent to their asthma controller medication defined as no prescription filled within the 90-day patient profile period.
3. Have had an emergency department visit with a primary asthma diagnosis within the 90-day patient profile period.
4. Have had an asthma-related hospital inpatient admission within the 90-day patient profile period.

In addition, the IME encourages the use of spirometry as a tool to diagnose and monitor patients with persistent asthma. Spirometry is the recommended asthma monitoring and diagnostic tool because it is an objective measure of lung function. The National Heart, Lung, and Blood Institute (NHLBI) guidelines recommend spirometry at least every 1 to 2 years, more frequently depending on response to therapy. Only 17 percent of Iowa Medicaid adults with persistent asthma have had a spirometry test in the past 24 months.

This monthly patient profile, as shown below, will include:

- Patients attributed to you as the provider providing their asthma related care.

- Patients identified at high-risk for asthma-related hospital admission and/or emergency department (ED) visit.

Possible Action Steps:

If you have a patient identified as high-risk we encourage you or a member of your care team to take the following steps:

1. Contact your patient as soon as possible to review their asthma care plan.
2. Schedule an appointment to:
 - a) Conduct any necessary tests.
 - b) Discuss your patient's asthma care plan and identify barriers to self-management.
3. Use spirometry as a tool to diagnose and monitor patients with persistent asthma.

Table 1.0- Patient Profile: Patients identified as high-risk for asthma-related hospital admission and/or ED visit.

Medicaid ID	Patient Name	Sex	DOB	Risk Factor Type	Date of Risk Factor	Provider Action
xxxxxxxx	Last name, first name	F	xx/xx/xxxx	IP	xx/xx/xxxx	
xxxxxxxx	Last name, first name	M	xx/xx/xxxx	ED	xx/xx/xxxx	
xxxxxxxx	Last name, first name	M	xx/xx/xxxx	Controller Underuse	xx/xx/xxxx	
xxxxxxxx	Last name, first name	F	xx/xx/xxxx	IP	xx/xx/xxxx	
xxxxxxxx	Last name, first name	F	xx/xx/xxxx	Rescue Overuse	xx/xx/xxxx	
xxxxxxxx	Last name, first name	F	xx/xx/xxxx	ED IP	xx/xx/xxxx	

Risk Factor Key

- ✓ ED: Emergency department visit with a primary asthma diagnosis
- ✓ IP: Inpatient recent hospital discharge as a result of hospitalization with a primary asthma diagnosis
- ✓ Rescue Overuse: Patient filled three or more rescue meds in a 60 day timeframe
- ✓ Controller Underuse: Patient non-adherent to controller medication as defined by no prescriptions within the 90-day timeframe

If you have any questions please contact the IME Asthma Quality Improvement Program at 855-895-9708 or email at asthmainfo@IMEcustomerservice.com.